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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : VIDAL FINANCIAL, INC.
Account Number : I2019000097
Phone : (305)631-0331
Fax Number : (305)854-3131

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: NICOAS@VIDALFINANCIAL.COM

FLORIDA LIMITED LIABILITY CO.
2481 OAKMAN BLVD LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2481 OAKMAN BLVD, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2000 S DIXIE HIGHWAY
SUITE 205
MIAMI, FLORIDA 33133

SAME AS PRINCIPAL

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CONTADURIA VIDAL

Name

2000 S DIXIE HIGHWAY STE 205

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33133
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

[Handwritten Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

